



KLE College of Pharmacy

(Accredited by NBA – AICTE, New Delhi)

(A constituent unit of the KLE Academy of Higher Education & Research, Belagavi - Established under section 3 of the UGC Act, 1956 vide Government of India. Notification No. F.9-19/2000-U.3(A))



P.B.NO. 1062, 2ND BLOCK, RAJAJINAGAR, BENGALURU - 560 010, KARNATAKA, INDIA.

Ph.No. 080-23325611 FAX No.: 080-23425373

E-mail : princpharmblr@kledeemeduniversity.edu.in Web : www.kleblrpharm.org

APPLICATION FOR ADMISSION TO _____ YEAR B.PHARM

PHOTO

NO.

Personnel Information- All fields are Mandatory

1. Name of the applicant in full
(In block letters as entered in SSLC / X Std Marks Statement)

Student Aadhar No. Student E-mail ID.....

Student Mobile No:.....

2. Date of Birth Male Female
DATE MONTH YEAR

3. Place of Birth..... Taluk..... Dist..... State.....

4. Nationality.....4a.Religion.....4b.Caste/Group/Catagory.....

5. Father's Name.....

Mobile No..... E-mail ID.....

6. Mother's Name.....

Mobile No..... E-mail ID

7. (a) Occupation (b) Annual Income Rs.

8. Permanent Address &Telephone Nos./ Mobile Nos/ email address.

.....
.....

9. Present address.

.....
.....
.....

Mob / Telephone No..... Email ID.....

Academic Details

10. (a) Institution last attended

(b) Examination passed

11. Month / Year of Passing12. Percentage in SSLC/.....
 SSC/10th SSLC/SSC/10th
13. Month / Year of Passing 14. Percentage in PUC II/
 HSC/12th/ PCM/PCB. PUC II/HSC/12th
15. Name of the PUC II/ PUC II/HSC/12th Board
16. Extra Curricular activities:
17. Languages spoken fluently: (i) (ii) (iii).....
18. Enclosures:
- | | |
|---|--------------------------|
| a. Marks Statements (SSLC/ X Std, II P.U.C / XII Std) | <input type="checkbox"/> |
| b. Transfer Certificate (T.C) | <input type="checkbox"/> |
| c. Migration Certificate | <input type="checkbox"/> |
| d. Medical Fitness Certificate | <input type="checkbox"/> |
| e. Copy of Caste Certificate (in case of S.C./S.T./B.T./O.B.C.) | <input type="checkbox"/> |

I promise to abide by the rules and regulations of the KLE University, Belagavi, Karnataka.

Place.....

Date.....

Signature of the Applicant

DECLARATION BY THE CANDIDATE

* * *

- I hereby agree, to abide by the rules and regulations at present in force or that may be hereafter framed for the governance of the college and Hostels. I undertake that so long as I am a student of the College, I do nothing either inside or outside the College that will interfere with the orderly governance and discipline.
- I hereby agree to make good if any loss or damage to books, apparatus, furniture and other belongings to college and in Hostels, which may be caused by my carelessness, negligence or wantonness on my part.
- I hereby solemnly affirm that the statements made and information furnished in my application form and also enclosures there to submitted by me are true. Should it however be found that any information furnished therein is untrue in material particulars, I realize that I am liable to criminal prosecution and I also agree to forgo my seat in the College.
- I hereby assure that I will not indulge or myself in any form of anti-social and prohibitive activities such as RAGGING or any kind of harassment-physical or otherwise. I am fully aware of the provisions of Indian Penal Code relating offences connected with hurt, endangerment of life or personal safety, wrongful confinement, assault, criminal intimidation and so on. If I am found indulging myself in such prohibitive and anti-social activities, I am liable for severe punishment including removal from the college and handing over to the Police.
- I hereby declare that I hold myself responsible for the timely payment of fees to the college during the period of my studies, till I complete the course. I am aware that I have to pay entire course fee, even if I discontinue the course.
- It is brought to my notice that fees once paid will not be refunded at any cost.

I hereby declare that I abide by the above mentioned rules. I also declare that I have carefully gone through the instructions to candidates herein mentioned and agree for the same.

Date: _____

Place: _____

 (Signature of the Parent / Guardian)

 (Signature of the applicant)

FOR OFFICE USE

Admitted to _____

Challan No. / DD No. _____ Date: _____ of Rs. _____

for full course.

Place: Bengaluru.

Registrar

Date: _____

Accountant: _____

KLE University.

**INSTRUCTIONS TO CANDIDATES SEEKING ADMISSION TO
Under Graduate Course (B.Pharm.)**

1. Every candidate selected for Graduate Degree Course should obtain eligibility certificate from the KLE University, Belagavi before taking admission.
2. Applications which are incomplete, contain incorrect information, not accompanied by the required certificates and the applications received after the due date will be rejected.
3. True copies of all required certificates and documents attested by the Gazetted Officer should be enclosed.
4. Original certificates should be produced at the time of interview / admission, for verification.
5. Application must reach either by hand or by post to the above address on or before incomplete application form will not be entertained & processed.
6. Candidates called for written test / interview by the authorities, should appear at the specified place, date and time at their own cost.
7. **All admissions to the Course will be provisional, subject to approval by the KLE University.**

Verified by _____